

Robert E. McCarthy,
6 Oregon Ave
Hazlet, NJ 07730

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

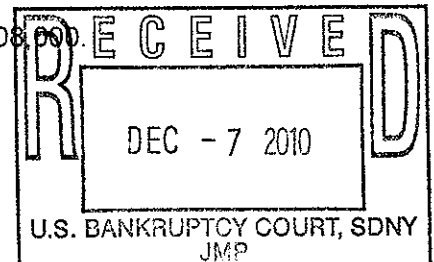
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In re	:	Chapter 11 Case No.
	:	
LEHMAN BROTHERS HOLDINGS, INC., et al.	:	08-13555 (JMP)
	:	
Debtors.	:	(Jointly Administered)
<hr/>		X

**RESPONSE OF ROBERT E. MCCARTHY TO DEBTORS'
SIXTY-FOURTH OMNIBUS OBJECTION TO CLAIM NUMBER 10413**

Robert E. McCarthy, the claimant (the "Claimant" or "I") hereby OPPOSE the disallowance, expungement, reduction or reclassification of my claim originally filed on September 4, 2009 based on several factors set forth below.

CLAIM TO BE DISALLOWED & EXPUNGED	
Creditor Name and Address: MCCARTHY, ROBERT E. 6 OREGON AVE HAZLET, NJ 07730	Claim Number: 10413 Date Filed: September 4, 2009 Debtor: 08-13555 Classification and Amount: UNSECURED: \$208,000.00

My claim is for pension funds care for service time with Lehman Brothers calculated based on a review of my 2009 Income Tax Returns, illustrating an annual salary of \$4,975.00. Further, based on quarterly statements from Aetna Billing, the cost of individual contributions were added. Lastly, annual out-of-pocket costs for prescriptions, medical services and premiums was estimated at \$5,000.00. These totals were then combined with the estimated life expectancy of twenty years of the beneficiary to arrive at a total of \$208,000.



It is for these reasons explained above that I hereby OPPOSE the disallowance, expungement, reduction or reclassification of my claim originally filed. I had an expectation of pension care for service time with Lehman Brothers and based my year to year living expenses on those promises made to me.

Respectfully submitted,


Robert E. McCarthy

Correspondence

Robert E. McCarthy
6 Oregon Ave
Hazlet, NJ 07730
Phone: (732) 264-8946
E-Mail: Hanley38@verizon.net

1. If you are a beneficiary of a qualified plan, you must check the appropriate box below. If you are a beneficiary of a qualified plan, you must check the appropriate box below.

☐ CORRECTED (if checked)

PAYER'S Federal identification number 04-3275867		RECIPIENT'S identification number 100-28-4879		1 Gross distribution \$4,976.73		OMB No. 1545-0119 2009 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO 397 WILLIAMS STREET MC1W MARLBOROUGH, MA 01752 DB720223-001 1-800-400-7242 LEHMAN BROTHERS RET. PLAN				2a Taxable amount \$4,976.73		Total distribution <input type="checkbox"/>		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.	
				2b Taxable amount <input type="checkbox"/> not determined					
				3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00			
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ROBERT E MCCARTHY 6 OREGON AVE HAZLET, NJ 07730				5 Employee contrib/desig Roth contrib or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00			
				7 Distribution code(s) 7		8 Other <input type="checkbox"/> % \$0.00			
				9a Your percentage of total distribution %		9b Total employee contributions \$		12 State distribution \$	
				10 State tax withheld \$0.00		11 State/Payer's state no. NJ 043275867			
				Account number (see instructions) 20100109055500126162		1st year of desig. Roth contrib.		13 Local tax withheld \$	

Form 1099-R

(keep for your records)

Department of Treasury - Internal Revenue Service



INDIVIDUAL BILLING ADMINISTRATION
PO BOX 14391
LEXINGTON, KY 40512-4391

000775 J16CC10 003153

Prepared Date:

09/08/10

Identification Number:

A00741141

Account Number:

U479218-99-997

Payment Due Date:

10/01/10

Billing Questions Call:

877-848-5837

TDD Number:

888-899-2562

Claim Questions Call:

866-785-7337

Dental Claims:

See ID Card

Please visit WWW.MEMBERIBA.COM
for information regarding your account.

ROBERT E MCCARTHY
6 OREGON AVE
HAZLET, NJ 07730

Special Plans Billing Statement
for LEHMAN BROTHERS HOLDINGS INC

Prior Billing Activity			Current Billing Activity		
Billing Period	07/01/10 - 09/30/10	79.95	Current Paid Through Date	09/30/10	
Payment - Thank You		<u>-79.95</u>	Current Billing Period	10/01/10 - 12/31/10	79.95
Outstanding Balance		0.00			
			<p><i>Paid 9/15/2010</i></p>		
			Current Amount Due (Does <u>NOT</u> include outstanding balance)	79.95	
			Total Amount Due	79.95	

This is the only notice you will receive for the above Current Amount Due. Your cancelled check or money order stub is your receipt. If the Current Amount Due is not received within 90 days of the Payment Due Date, coverage will terminate and you will no longer be covered as of the date through which you are fully paid. Please allow at least 6 days for mailing. See reverse side for additional information.

DETACH AT PERFORATION. KEEP THE UPPER PORTION FOR YOUR RECORDS.



INDIVIDUAL BILLING ADMINISTRATION
PO BOX 14391
LEXINGTON, KY 40512-4391

Pg 5 of 5

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HAZLET, NJ 07730

**Special Plans Billing Statement
for LEHMAN BROTHERS HOLDINGS INC**

Important Messages

YOU ARE COVERED FOR THE FOLLOWING BENEFITS:

GN02 PFFS INSURED ONLY

MEDICARE QUESTIONS? CONTACT MEDICARE MEMBER SERVICES AT 1-866-785-7337